Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

The same of the sa	Control of the latest states	(10		Committee	15. 5	Lobbyist
Filer Identification	on		Report Filed By Candidate (Mark X)		ie	Committee	X	2000)100
Name of Filing Committee, Candidate or Lobbyist Friends of Lisa			a Ferri	ck				
Street Address					ad			
City	Erie	_		State	PA	Zip Code	16510	
Type of Report (F	Place x under i	report type)						
1-6 th Tuesday			4. 6th Tuesday	5- 2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary	Pre-Primary	Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
					Amandment		Termination	
Date Of Election (MM/DD/YYYY)		11/07/2017	Year	2017	Amendment Report		Report	
Summary of Rec	eipts and	From Date	To Dat	e		For	Office Use Only	
Expenditures		10/24/20	17 11/2	7/2017				
A. Amount Brou	ght Forward F	From Last Repor		57.59				
B. Total Moneta (From Schedule	ry Contributio	ons and Receipt		24,14			~	201
C. Total Funds A					2017 DEC -			
(Sum of Lines A				81,73	1		22	Tr Tr
D. Total Expend			8 611	81.73				
(From Schedule E. Ending Cash E			8		COUNT PM			
(Subtract Line D			-	0-	l		OC	
F. Value of In-Ki		ons Received	8 20	2 00			22-4	
(From Schedule	ll)			3,00	4		-1	
G. Unpaid Debt		ions	\$ 17,0	074,14			M101	02
				Affidavit S				
Part 1- If this is a	Committee repo	ort, treasurer sign	here. If this is a Ca	andidate report, o	candidate sign here	edge and belief	true, correct and comp	lete.
			actied scilednies	on paper, is to the	1 /		university of the material residence of the total and the paper of the total	
Sworn to and sub		/	18 4 (21 gla	/	X (1	mar	C-	
day of	Decemb	20 1	,	-	Signatur		omitting report.	
1.01	il. Il	STUDE BLAN	SYLVANIA -		Lynne	A mo	WRIS	
	Signature N	OTARIAI SEAL			Cri. i	Printed Na	0 -	
My Commission	Connie L	ee Cruz, Notary	Public	450	814		8231591	<u></u>
1 1	Harbore	ion Explies May	8h 18. 2021	_	Area Code	D	aytime Telephone Num	ber
L	TENRER PENNSY	LVANIA ASSOCIATIO	N OF NOTATION	adidata shall sign	hara			
Part II- If this is a	report of a Can	didate's Authorize	ea Committee, car le and belief this n	olitical committe	e has not violated a	any provisions o	of the Act of June 3, 193	7 (P.L. 1333, NO.320) as
amended.	mat to the de	or or my anomous	o and woner mile p		Λ			
Sworn to and sub	scribed before	me this			(/)			
Sworn to and suc		11/W 17	g &		5150	For	nct	
day of	day of \\Clill\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				1/// 8	ignature of Can	didate	 5
(ili)	ii Xl	ellux		•	Lisi	i tem	CK	
COL	TLABWARDAN	H OF PENNS	LVANIA			Printed Nam	ne	
	NOTA	RIALSEAL			814		873 -8051	
My Commission	HarbodAAek	Cruz, Notary Pub TwBA Erie C&Br	nty	,	Area Code	D	aytime Telephone Num	ber
Му	Commission E	Expires March 1	8,2021					
MEME	BER. PENNSYLVAN	NIA ASSOCIATION OF	NOTARIES					

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period (1)	8	50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	-0-
All Other Contributions (Part B)	8	200.00
Total for the reporting period (2)	8	200.00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	-0-
All Other Contributions (Part D)	8	3,774.14
Total for the reporting period (3)	8	3,774.14
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	-0-
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report	8	4,024.14

Cover Page, Item B)

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
	21.00t Add 698			230 [1111]	
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Mores	ntributing			Date [MM/DD/YYYY]	
Full Name of Co Committee	Simulating			Date [MIN/DD/YYYY]	-
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	intributing			Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
,		2.2.0			
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
Oit		0	71-0-1	D-L-MAY-T-	0
City		State	Zip Code	Date [MM/DD/YYYY]	8

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification	Number:						
Full Name of Co		+ Rebek	a Seelinger	_	Date [MM/DD/YYYY]	\$	100,00
House #	Street Address	Not R			Date [MM/DD/YYYY]	8	
City Er	THE TENED STORY OF	State PL	Zip Code	6505	Date [MM/DD/YYYY]	8	
Full Name of Co	NAME OF THE PARTY		2011 - Novince 1	0-0-	Date [MM/DD/YYYY]	8	
ruii waiile oi oo	NOTE AND PUBLISHED AND ADDRESS OF THE PROPERTY	e L. Me	rritt		10/26/2017		100.00
House #	Street Address	Firman	Read		Date [MM/DD/YYYY]	\$	
City Ev		State C	Zip Code	16510	Date [MM/DD/YYYY]	8	
Full Name of Co					Date [MM/DD/YYYY]	S	
House #	Street Address				Date [MM/DD/YYYY]	8	
City		State	Zip Code		Date [MM/DD/YYYY]	8	
Full Name of Co	ntributor				Date [MM/DD/YYYY]	8	
House #	Street Address				Date [MM/DD/YYYY]	8	
City		State	Zip Code		Date [MM/DD/YYYY]	8	
Full Name of Co	ntributor			748	Date [MM/DD/YYYY]	8	
House #	Street Address				Date [MM/DD/YYYY]	8	
City		State	Zip Code		Date [MM/DD/YYYY]	8	
Full Name of Co	ntributor				Date [MM/DD/YYYY]	8	
House #	Street Address				Date [MM/DD/YYYY]	8	
City		State	Zip Code		Date [MM/DD/YYYY]	8	

Contributions Received From Political Committees

Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

Filer Identification Number:				
Full Name of Contributing Committee			Date [MM/DD/YYYY]	- \$
House # Street Add	dress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committee			Date [MM/DD/YYYY]	8
House # Street Add	dress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committee			Date [MM/DD/YYYY]	8
House # Street Add	dress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committee			Date [MM/DD/YYYY]	8
House # Street Add	dress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	8
House # Street Ad	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	8
House # Street Ad	dress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8

All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	

Full Name of Contributor		Date [MM/DD/YYYY] \$
Arn	nur G. Stine	10/30/2017 2,500.00
House # Street Address		Date [MM/DD/YYYY] 8
149	Belle Avenue	
City	State Zip Code	Date [MM/DD/YYYY] \$
Boalsburg	PA 16827	
Employer Name	Penn State University	Occupation Retired
Employer Mailing Address / Principal Place of Business	University Park, PA	
Full Name of Contributor		Date [MM/DD/YYYY] \$
Lisa	a R. Ferrick	11/03/2017 300.00
House # Street Address	0.00	Date [MM/DD/YYYY] \$
3030	Clark Read	11/27/2017 324.14
City Ene	State PA Zip Code	Date [MM/DD/YYYY] \$
Employer Name	The state of the s	Occupation A it
Employer Name	currently unemployed	Occupation Attorney
Employer Mailing Address / Principal Place of Business		
r micipai r lace of business	Market and the second	
Full Name of Contributor		Date [MM/DD/YYYY] \$
Full Name of Contributor	son Cohen	11/06/2017 650.00
Full Name of Contributor		1.00.00
Full Name of Contributor House # Street Address	Emily Road	11/06/2017 650.00 Date [MM/DD/YYYY] 8
Full Name of Contributor House # Street Address City	Emily Road State Zip Code	11/06/2017 650.00 Date [MM/DD/YYYY] 8
Full Name of Contributor House # Street Address	Emily Road State IA Zip Code 52722	11/06/2017 650.00 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8
Full Name of Contributor House # Street Address 5861 City Bettendorf Employer Name Employer Mailing Address /	Emily Road State FA Zip Code 52722 DR Moline Fnc.	Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 Occupation Self-employed
Full Name of Contributor House # Street Address 5861 City Bettendorf Employer Name Employer Mailing Address / Principal Place of Business	Emily Road State IA Zip Code 52722	Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 Occupation Self-employed orf, IA 52722
Full Name of Contributor House # Street Address 5861 City Bettendorf Employer Name Employer Mailing Address /	Emily Road State FA Zip Code 52722 DR Moline Fnc.	Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 Occupation Self-employed
Full Name of Contributor House # Street Address 5861 City Bettendorf Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	Emily Road State FA Zip Code 52722 DR Moline Fnc. 5861 Emily Road Bettende	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Self-employed orf, IA 52722 Date [MM/DD/YYYY] \$
Full Name of Contributor House # Street Address 5861 City Bettendorf Employer Name Employer Mailing Address / Principal Place of Business	Emily Road State FA Zip Code 52722 DR Moline Fnc. 5861 Emily Road Bettende	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Self-employed orf, IA 52722 Date [MM/DD/YYYY] \$
Full Name of Contributor House # Street Address 5861 City Bettendorf Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	Emily Road State FA Zip Code 52722 DR Moline Fnc. 5861 Emily Road Bettende	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Self-employed orf, IA 52722 Date [MM/DD/YYYY] \$
Full Name of Contributor House # Street Address 5861 City Bettendorf Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City	Emily Road State FA Zip Code 52722 DR Moline Fnc. 5861 Emily Road Bettende	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Self-employed Off, IA 52722 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Full Name of Contributor House # Street Address 5861 City Bettendorf Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Emily Road State FA Zip Code 52722 DR Moline Fnc. 5861 Emily Road Bettende	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Self-employed Off, IA 52722 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

PART E **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification N	lumber:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description	on	I SECTION ASSESSMENT	100000000000000000000000000000000000000	
Full Name			The second secon	
House #	Street Address			
City	1=174.252.51	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name			PARTIES OF THE STANSFER	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			1900
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on	Total Section Control		
Full Name			Software and the second second	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on	Construction .	030,000,000,00	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description	on	1		
the second property of the second second	CLASSIC TO SERVICE BASES OF THE CONTROL	And the statement of the Post and the	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$ 50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	8 28.00
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FROM PART F)
TOTAL for the reporting period (2)	8 -0 -
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$ 250.00 (FROM	1 PART G)
TOTAL for the reporting period (3)	8 -0-
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	8 28.00

SCHEDULE II Part f

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	n Number:				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of C	ontribution		Annual Constitution of the		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of C	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of C	ontribution		1915-1915-1916	1	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of C	ontribution				

SCHEDULE II Part G Kind Contributions

In-Kind Contributions Received

VALUE OVER \$ 250

		THEOL OVER OLD	
Filer Identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	s		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principa Place of Business	Г		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	3		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principa Place of Business	ı		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	3		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		VALUE SALVETON	Occupation
Employer Mailing Address / Principa Place of Business	I		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	3		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principa Place of Business			Description of Contribution

Statement of Expenditures

Filer Identification Number:	
riiei luelitiillation wullibei.	
	A

MINTANCISCO TRANSPORTOR DE PORTO			the state of the s		
To Whom Paid 🕤				Date [MM/DD/YYYY] \$	75.2 21
Inn-	ting Concepts I	nc:		10/25/2017	753.21
	0 -		Description of Expenditur	re ·	
4982 Street	Address Pacific A				
	State	Zip		2 1	
City Ene	State	A Code	16506	postage for 1st mai	ilers check#129
202709700	1	Coue	10000		The Circle 12-1
To Whom Paid				Date [MM/DD/YYYY] \$	aning
Print	ing Concepts:	Doc.		11/01/2017	3,362.05
	A d d			Description of Expenditure	e
4982	Pacific /	trenue		2000.	
11700	CAST CONTRACT			Costan Signals	onntine check
City Ene	State	A Zip Code	16506	postage for and for second mailer	THINK CHECK
PACTE DE LA CONTRACTOR DE	Spatial 1	/ code	10000		3 4-100
To Whom Paid				Date [MM/DD/YYYY] \$	01.7.70
trin	ting Concepts	Inc.		11/03/2017	917,32
House # Street	Address	- , , , ,		Description of Expenditur	е
4982	Address Pacific A	renue			
City City	State	Zip		6 4	
Ene	State O	Code	16506	printing of 1st mail	ers check#131
5725325		Code	10300	The state of the s	CIECTO 151
To Whom Paid	\(\)			Date [MM/DD/YYYY] \$	10.0
Payl	al			11/06/2017	19.15
	Address	-1 .		Description of Expenditur	е
2211	North Fiv	st Street			
City	State	Zip		- 0.11	C
San Jose	otate C	A Code	95131	PayPal Account	ttees
				1009100	
THE RESERVE OF THE PARTY OF THE	,	71 Code	15151		
To Whom Paid	The same and the s	out out	15151	Date [MM/DD/YYYY] 8	
To Whom Paid	c Chase	71 duc	13131	Date [MM/DD/YYYY] 8	650.00
To Whom Paid Alexander House # Street	c Chase			Date [MM/DD/YYYY] 8	650.00
To Whom Paid Alexander House # Street	c Chase			Date [MM/DD/YYYY] 8	650.00
House # 306 Street	c Chase Address South Wo	zniak Road		Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur	650,00
To Whom Paid Alexander House # Street	c Chase	zniak Road		Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur	650,00
To Whom Paid Alexa House # 300b Street City LaPorte	c Chase Address South Wo	zniak Road		Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs	650,00
To Whom Paid House # 306 Street City LaPorte To Whom Paid	Chase Address South Wo	zniak Road N Zip Code	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8	650,00 site check#132
To Whom Paid House # 306 Street City LaPorte To Whom Paid The	Chase Address South Work State I	zniak Road N Zip Code	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017	650,00 esite check#132 480.00
To Whom Paid House # 306 Street City LaPorte To Whom Paid The	Chase Address South Work State T	zniak Road IN Zip Code	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8	650,00 esite check#132 480.00
To Whom Paid House # 306 Street City LaPorte To Whom Paid The	Chase Address South Work State T	zniak Road N Zip Gode	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017	650,00 esite check#132 480.00
To Whom Paid House # 3006 Street City LaPorte To Whom Paid The House # Street	Chase Address South Work State Tri-State Ser Address P.O. Box 3	zniak Road N Zip Gode Nior News	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017 Description of Expenditur	650,00 esite check±132 480.00
To Whom Paid House # 3006 Street City LaPorte To Whom Paid The House # Street	Chase Address South Work State Thi-State Ser Address P.O. Box 3	zniak Road N Zip Gode Nior News	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017 Description of Expenditur	650,00 esite check±132 480.00
To Whom Paid House # 306 Street City LaPorte To Whom Paid The Street City Ene	Chase Address South Work State Tri-State Ser Address P.O. Box 3	zniak Road N Zip Gode Nior News	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017 Description of Expenditur October newspa	650,00 esite check±132 480.00
To Whom Paid House # 3006 Street City LaPorte To Whom Paid The House # Street	Chase Address South Work State Tri-State Ser Address P.O. Box 3	zniak Road N Zip Gode Nior News	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017 Description of Expenditur	650,00 esite check±132 480.00
To Whom Paid House # 306 Street City LaPorte To Whom Paid Ne City Ene To Whom Paid	Chase Address South Work State T Tri-State Ser Address P.O. Box 3 State PA	zniak Road N Zip Gode Nior News	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017 Description of Expenditur October newspar Date [MM/DD/YYYY] 8	650,00 esite check#132 480.00 e
To Whom Paid House # 306 Street City LaPorte To Whom Paid Ne City Ene To Whom Paid	Chase Address South Work State Tri-State Ser Address P.O. Box 3	zniak Road N Zip Gode Nior News	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017 Description of Expenditur October newspa	650,00 esite check#132 480.00 e
To Whom Paid House # 306 Street City LaPorte To Whom Paid Ne City Ene To Whom Paid	Chase Address South Work State T Tri-State Ser Address P.O. Box 3 State PA	zniak Road in Zip Code nior News 3056 Tip Code	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017 Description of Expenditur October newspar Date [MM/DD/YYYY] 8	650,00 esite check#132 480.00 e
To Whom Paid House # 306 Street City LaPorte To Whom Paid Ne City Ene To Whom Paid	Chase Address South Work State T Tri-State Ser Address P.O. Box 3 State PA	zniak Road Node Nior News B056 Tip Code	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017 Description of Expenditur October newspar Date [MM/DD/YYYY] 8	650,00 esite check#132 480.00 e
To Whom Paid House # 306 Street City LaPorte To Whom Paid The Street City Ene To Whom Paid House # Street Street Street	Chase Address South Work State T Tri-State Ser Address P.O. Box 3 State PA	zniak Road in Zip Code nior News 3056 Tip Code	46350	Date [MM/DD/YYYY] 8 11/11/2017 Description of Expenditur Campaign webs Date [MM/DD/YYYY] 8 11/27/2017 Description of Expenditur October newspar Date [MM/DD/YYYY] 8	650,00 esite check#132 480.00 e
To Whom Paid House # 306 Street City LaPorte To Whom Paid The House # Street City Ene To Whom Paid House # Street City Ene City Ene To Whom Paid	Chase Address South Work State T Tri-State Ser Address P.O. Box 3 State PA	zniak Road Node Nior News B056 Tip Code	46350	Date [MM/DD/YYYY] S II/II/2017 Description of Expenditure Campaign webs Date [MM/DD/YYYY] S II/27/2017 Description of Expenditure October newspare Date [MM/DD/YYYY] S Description of Expenditure	650,00 esite check#132 480.00 e
To Whom Paid House # 306 Street City LaPorte To Whom Paid The Street City Ene To Whom Paid House # Street Street Street	Chase Address South Work State T Tri-State Ser Address P.O. Box 3 State PA	zniak Road Node Nior News B056 Tip Code	46350	Date [MM/DD/YYYY] S II/II/2017 Description of Expenditure Campaign webs Date [MM/DD/YYYY] S II/27/2017 Description of Expenditure October newspare Date [MM/DD/YYYY] S Description of Expenditure	6 650,00 esite check#132 480.00 e per ad check#133
To Whom Paid House # 306 Street City LaPorte To Whom Paid Net City Ene To Whom Paid House # Street City Ene To Whom Paid House # Street	Address South Works State To State Ser Address State PA	zniak Road Node Nior News B056 Tip Code	46350	Date [MM/DD/YYYY] S 11/11/2017 Description of Expenditure Campaign webs Date [MM/DD/YYYY] S 11/27/2017 Description of Expenditure October newspare Date [MM/DD/YYYY] S Description of Expenditure Date [MM/DD/YYYY] S	650,00 esite check#132 480.00 ee
To Whom Paid House # 306 Street City LaPorte To Whom Paid Net City Ene To Whom Paid House # Street City Ene To Whom Paid House # Street	Chase Address South Work State T Tri-State Ser Address P.O. Box 3 State PA	zniak Road Node Nior News B056 Tip Code	46350	Date [MM/DD/YYYY] S II/II/2017 Description of Expenditure Campaign webs Date [MM/DD/YYYY] S II/27/2017 Description of Expenditure October newspare Date [MM/DD/YYYY] S Description of Expenditure	650,00 esite check#132 480.00 ee
To Whom Paid House # 306 Street City LaPorte To Whom Paid Net City Ene To Whom Paid House # Street City Ene To Whom Paid House # Street	Address Address Address Address State State Address State Address Address	zniak Road Node Nior News 3056 Tip Code Zip Code	46350	Date [MM/DD/YYYY] S 11/11/2017 Description of Expenditure Campaign webs Date [MM/DD/YYYY] S 11/27/2017 Description of Expenditure October newspare Date [MM/DD/YYYY] S Description of Expenditure Date [MM/DD/YYYY] S	650,00 esite check#132 480.00 ee
To Whom Paid House # 306 Street City LaPorte To Whom Paid Net City Ene To Whom Paid House # Street City Ene To Whom Paid House # Street	Address South Works State To State Ser Address State PA	zniak Road Node Nior News B056 Tip Code	46350	Date [MM/DD/YYYY] S 11/11/2017 Description of Expenditure Campaign webs Date [MM/DD/YYYY] S 11/27/2017 Description of Expenditure October newspare Date [MM/DD/YYYY] S Description of Expenditure Date [MM/DD/YYYY] S	650,00 esite check#132 480.00 ee

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer	Identification	Number:

N.	0 17		_					100	totanding Palance of Daht
Name of	Creditor			2. Fernick				48310	tstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED		8		
3030				Clark Read		[MM/DD/YYYY]			
City	200				State	02/0	Zip 7	000	2,500,00
uity			Ene		State	PA	Code 16510		(0.000E)
Descripti	on of Debt				0				
			oan ·	to committee!	tor ca	mpaix	n Purposes		
Name of	Creditor	1	isa	R. Femck				Ou	tstanding Balance of Debt
House #		Street	Address			OUT THE THE SEASON OF STREET	DEBT INCURRED	8	
	3030			Clark Road		327-1-126-72	1M/DD/YYYY] 05/2017		n in
City					State	1	Zip	-	3,600.00
			Erie			PA	Code 16510		
Descripti	on of Debt	i	- C - A	1	0	2.5	··· >		
		L	eun	to committee	tor C	ampa	ign purpose	Contract of the Park	
Name of	Creditor	l	Lisa	R. Ferrick				Ou	tstanding Balance of Debt
House #		Street	Address			The second secon	DEBT INCURRED	8	
	3030			Clark Road			MM/DD/YYYY]		
0	3030			Citi - Fetto	0	04/13	3/2017		2,000.00
City			Eri	ie	State	PA	Zip Code 16510		21)
Descripti	on of Debt	1888	0010	to committee	Con	CONA DO	im Duvose	S	
COMPARED ENGINEERS			-CUI	10 committee	708	MINGSON	tgi i poci pos		
Name of	Creditor	COLUMN TWO IS NOT THE OWNER.		A STATE OF THE PARTY OF THE PAR		arry	ight poorpoor	Ou	tstanding Balance of Debt
Name of House #	Creditor	-		Thy 4 Lisa Fern		DATE	DEBT INCURRED	Ou 8	tstanding Balance of Debt
		-	Timo	Thy & Lisa Fern		DATE [N	DEBT INCURRED	Ou	
House #	Creditor 3030	-	Timo Address	Thy 4 Lisa Fern Clark Foad		DATE [N	DEBT INCURRED MM/DD/YYYY] 3/2017	Ou \$	tstanding Balance of Debt
House #	3030	-	Timo	Thy 4 Lisa Fern Clark Foad	ĊK	DATE [N	DEBT INCURRED MM/DD/YYYY] 03/2017	Ou \$	
House #		Street	Timo Address	Thy 4Lisa Fern Clark foad ie	State	DATE [N 05]0	DEBT INCURRED 1M/DD/YYYY] 23/2017 Zip Code 16510	Ou \$	2,000.00
House # City Descripti	3030	Street	Timo Address Ev	Thy &LisaFern Clark Foad ie to counitle	State State	DATE [N 05]0	DEBT INCURRED 1M/DD/YYYY] 23/2017 Zip Code 16510	S	2,000.00 es
House # City Descripti	3030 ion of Debt	Street	Address Ev can Timol	Thy 4Lisa Fern Clark foad ie	State State	DATE [N CS/C PA	DEBT INCURRED 1M/DD/YYYY] 23/2017 Zip Code 16510 Daign Pun	Ou \$ Ou	2,000,00
House # City Descripti	3030 ion of Debt	Street	Timo Address Ev	Thy 4Lisa Fern Clark Foad ie to committe by 4Lisa Fer	State State	DATE [N CS/C PA Camp	DEBT INCURRED 1M/DD/YYYY] 23/2017 Zip Code 16510 Daign Pur	S	2,000,00
House # City Descripti	3030 ion of Debt	Street	Address Ev can Timol	Thy 4Lisa Fern Clark Foad ie to committe by 4Lisa Fer	State State	DATE [N	DEBT INCURRED 1M/DD/YYYY] 23/2017 Zip Code 16510 Daign Pur DEBT INCURRED 1M/DD/YYYY]	Ou \$ Ou	2,000,00
House # City Descripti Name of House #	3030 ion of Debt	Street	Address Ev can Timol	Thy &LisaFern Clark Foad ie to counitle	State State e for n'ck	DATE [N CS/C CAMP	DEBT INCURRED IM/DD/YYYY] D3/2017 Zip Code 16510 Daign Pur DEBT INCURRED IM/DD/YYYY] 0/2017	Ou S Ou S	2,000,00
House # City Descripti Name of House #	3030 ion of Debt Creditor	Street	Address Ev can Timol	Thy Hisa Fern Clark foad ie to committe by Hisa Fer Clark foad	State State	DATE [N	DEBT INCURRED 1M/DD/YYYY] 23/2017 Zip Code 16510 Daign Pur DEBT INCURRED 1M/DD/YYYY]	Ou S Ou S	2,000,00
House # City Descripti Name of House #	3030 ion of Debt	Street	Address Even Can Firmot Address	Thy 4Lisa Fern Clark foad ie to committe by 4Lisa Fer Clark foad	State State State State	DATE [M	DEBT INCURRED MM/DD/YYYY] D3/2017 Zip Code 16510 DAIGN PUV DEBT INCURRED MM/DD/YYYY] 0/2017 Zip Code 16510	Ou s	2,000,00 es tstanding Balance of Debt
City Descripti Name of House # City Descripti	3030 Creditor 3030	Street	Evi	Thy Hisa Fern Clark food ie to counitle by Hisa Fer Clark food e to counitle	State State State State	DATE [M	DEBT INCURRED MM/DD/YYYY] D3/2017 Zip Code 16510 DAIGN PUV DEBT INCURRED MM/DD/YYYY] 0/2017 Zip Code 16510	Out 8	2,000,00 es tstanding Balance of Debt
House # City Descripti Name of House # City Descripti Name of	3030 Creditor 3030	Street	Ever oan Timot Address Ever Can Lisa	Thy 4Lisa Fern Clark foad ie to committe by 4Lisa Fer Clark foad	State State State State	DATE [M] CS/C CAMP DATE [M] CS(M) PA	DEBT INCURRED IM/DD/YYYY] D3/2017 Zip Code 16510 Daign Pur DEBT INCURRED IM/DD/YYYY] 0/2017 Zip Code 16510	Ou S	2,000,00 es tstanding Balance of Debt
City Descripti Name of House # City Descripti	3030 Creditor 3030 ion of Debt Creditor	Street	Evi	Phy 4Lisa Fern Clark Foad ie to counitle hy 4Lisa Fer Clark Foad e to counitlee R. Ferrick	State State State State	DATE [N CAMP	DEBT INCURRED IM/DD/YYYY] D3/2017 Zip Code 16510 DAIGN PUV DEBT INCURRED IM/DD/YYYY] O/2017 Zip Code 16510 Code 16510	Out 8	2,000,00 es tstanding Balance of Debt
House # City Descripti Name of House # City Descripti Name of	3030 Creditor 3030	Street	Ever oan Timot Address Ever Can Lisa	Thy Hisa Fern Clark food ie to counitle by Hisa Fer Clark food e to counitle	State State State State	DATE [N	DEBT INCURRED IM/DD/YYYY] D3/2017 Zip Code 16510 DAIGN PUV DEBT INCURRED IM/DD/YYYY] O/2017 Zip Code 16510 LIGN PUPP EDEBT INCURRED IM/DD/YYYY]	Ou S	2,000,00 es tstanding Balance of Debt 1,950.00 ststanding Balance of Debt
House # City Descripti Name of House # City Descripti Name of House #	3030 Creditor 3030 ion of Debt Creditor	Street	Address Evi Address Evi Ean Lisa Address	Chark food ie to counitle by thisa Fer Chark food e to counitlee R. Ferrick Clark Road	State State State State	DATE IN COLUMN C	DEBT INCURRED IM/DD/YYYY] D3/2017 Zip Code 16510 Daign Pur DEBT INCURRED IM/DD/YYYY] O/2017 Zip Code 16510 Code 16510 CODEST INCURRED IM/DD/YYYY] DEBT INCURRED IM/DD/YYYY] U/2017	Out S	2,000,00 es tstanding Balance of Debt
House # City Descripti Name of House # City Descripti Name of House #	3030 Creditor 3030 Creditor 3030	Street	Address Evi Address Evi Ean Lisa Address	Phy 4Lisa Fern Clark Foad ie to counitle hy 4Lisa Fer Clark Foad e to counitlee R. Ferrick	State State State State	DATE [N	DEBT INCURRED IM/DD/YYYY] D3/2017 Zip Code 16510 DAIGN PUM DEBT INCURRED IM/DD/YYYY] O/2017 Zip Code 16510 LIGN PUM DEBT INCURRED IM/DD/YYYY] DEBT INCURRED IM/DD/YYYY] 4/2017	Out S	2,000,00 es tstanding Balance of Debt 1,950.00 ststanding Balance of Debt
House # City Descripti Name of House # City Descripti Name of House #	3030 Creditor 3030 ion of Debt Creditor	Street	Address Evi Address Evi Ean Lisa Address	Chark Food ie to connitte by thisa Fer Chark Food e to connittee R. Ferrick Clark Road The	State State State State	DATE IN COSTA CAMPO DATE IN COSTA DATE IN COSTA DATE IN COSTA DATE IN COSTA	DEBT INCURRED IM/DD/YYYY] D3/2017 Zip Code 16510 DAIGN PUV DEBT INCURRED IM/DD/YYYY] O/2017 Zip Code 16510 DEBT INCURRED IM/DD/YYYY] DEBT INCURRED IM/DD/YYYY] DEBT INCURRED IM/DD/YYYY] 4/2017 Zip Code 16510	Out S	2,000,00 es tstanding Balance of Debt 1,950.00 statanding Balance of Debt

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Ose this decition to itemize all dispate and obligations which are outstailed at the end of the reporting period.							
Filer Identification Number:							
TO BE A VALUE OF BUILDING OF THE PARTY OF TH	大型工作,这一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个						

Name of	Creditor		Lisa	R. Fernick		AND STREET, STREET			Outs	tanding Balance of Debt
House #			et Address DATE DEBT INCURRED				8			
	3030			Clark Road			3/2017	•••]		1) 000 00
City			Ev	ie	State	PA	Zip Code	16510		2,000.00
Descripti	ion of Debt			to committee	for	cam	paign	Purpo	ses	Š
Name of	Creditor		Lisa	R. Fernick	PS TO THE RESE				A STATE OF THE PARTY OF THE PAR	tanding Balance of Debt
House #			t Address	\$2500 FFD 1217			E DEBT INC		8	CO ACCOUNT TO A DE LO ALES MES
	3030			Clark Road			MM/DD/Y 12017	[11]		300.00
City			E	ne	State	PA	Zip Code	16510		300,00
Descripti	ion of Debt			to committee f	er ca	mpa	ign Pl	upose	S	
Name of	Creditor		Lisa	The state of the s		anning the same		CONTRACT CON		tanding Balance of Debt
House #		Stree	t Address				E DEBT INC		8	
	3030			Clark Road		1	7/2017			324.14
City			Ev	ie	State	PA	Zìp Code	16510		Ja 1,14
Descript	ion of Debt		Loan	to committee	for	Carvie	ruign I	anpos	es	
Name of	Creditor		NAME OF THE ACTION	NO SECULE TO A SECULE THE SECULE ASSESSMENT AS LONG.				-	STATE OF THE PARTY	tanding Balance of Debt
House #		Stree	et Address				E DEBT INC MM/DD/Y		8	
City					State		Zip			
Descript	ion of Debt						Code		1	
			T P / DA HER STOR		UKAN PENDING BA	nggar dan sadiy me	etho burgane	er falls any entire to the same		
A POST TO SERVICE AND A SERVIC	f Creditor						P BPBP III	LIBBER	1616	standing Balance of Debt
House #		Stree	et Address			1-03 (I File 17)	E DEBT INC MM/DD/Y		8	
City					State		Zip Code			
Descript	tion of Debt						COU			
Name o	f Creditor		A STREET, SECTION AS		TA CHET THE INC.	TO SERVICE METAL METAL	m mirania da	TERMINAPEN LICENSE	Out	standing Balance of Debt
House #		Stree	et Address	3			TE DEBT IN [MM/DD/Y		8	
City					State		Zip Code			
Descrin	tion of Debt					-	***************************************			